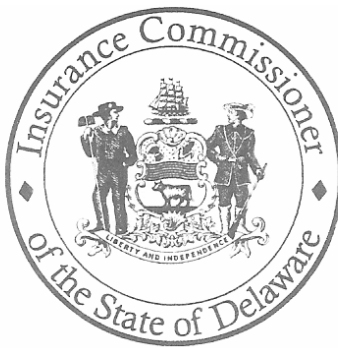


Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

CE-3

NOTICE OF APPROVED COURSE TO BE REPEATED

Provider Name: _____

This notification is being filed with the Insurance Department at least 7 days in advance of the beginning date of the approved course to confirm the time, location, date and instructor(s).

Title of Course: _____

Delaware Course Number: _____ Date to be Held: _____

Time: _____ Location: _____

Instructor(s) for course:

_____ Previously approved? ☐ Yes ☐ No

_____ Previously approved? ☐ Yes ☐ No

_____ Previously approved? ☐ Yes ☐ No

_____ Previously approved? ☐ Yes ☐ No

****If instructors have not been previously approved from a prior "C.E." filing, please attach bio.**

Submitted by: _____ Title: _____

Organization: _____ Date: _____

Signature

Telephone: _____ Fax Number: _____

E-Mail Address: _____